DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-4277 (05/03)

STATE OF WISCONSIN
42 CFR483.420(a)(2)
HSS 134.31(3)(o)
HSS 94.03 & 94.09
s.51.61(1)(g) & (h)

INFORMED CONSENT FOR MEDICATION

Doseage and / or Side Effect information last revised 12/01

Completion of this form is voluntary. If not completed, the medication cannot be administered without a court order unless in an emergency. This consent is maintained in the client's record and is accessible to authorized users.

Name – Patient / Client (Last, First MI)	ID Number	Living Unit	Birthdate

Name – Individual Preparing This Form	Name – Staff Contact	Name / Telephone Number – Institution

MEDICATION CATEGORY	MEDICATION	RECOMMENDED DAILY TOTAL DOSAGE RANGE	ANTICIPATED DOSAGE RANGE
Antidepressant (tricyclic)	Anafranil (clomipramine)	Adult 25 mg. – 250 mg. Children / Adolescents 25 mg. – 200 mg. Or 3 mg./kg., whichever is less	

The anticipated dosage range is to be individualized, may be above or below the recommended range but no medication will be administered without your informed and written consent.
Recommended daily total dosage range of manufacturer, as stated in *Physician's Desk Reference* (PDR) or another standard reference.
This medication will be administered ☐ Orally ☐ Injection ☐ Other – Specify:

1. **Reason for Use of Psychotropic Medication and Benefits Expected (note if this is 'Off Label' Use)**
   Include DSM IV diagnosis or the diagnostic "working hypothesis".

2. Alternative mode(s) of treatment other than or in addition to medications include (Check all that apply)
Note: Some of these would be applicable only in an inpatient environment.

- ☐ Environment and / or staff changes
- ☐ Positive redirection and staff interaction
- ☐ Individual and / or group therapy
- ☐ Rehabilitation treatments / therapy (OT, PT, AT)
- ☐ Treatment programs and approaches (habilitation)
- ☐ Use of behavior intervention techniques

Other Alternatives:

3. Probable consequences of NOT receiving the proposed medication are (Check all that apply)

Impairment of ☐ Work Activities ☐ Family Relationships ☐ Social Functioning

Possible increase in symptoms leading to potential

- ☐ Use of seclusion or restraints
- ☐ Limits on access to possessions
- ☐ Limits on personal freedoms
- ☐ Limit participation in treatment activities
- ☐ Limits on recreation and leisure activities
- ☐ Intervention of Law Enforcement
- ☐ Risk of harm to self or others

Other consequences

Note: These consequences may vary, depending upon whether or not the individual is in an inpatient setting. It is also possible that in unusual situations, little or no adverse consequences may occur if the medications are not administered.

See Page 2

4. Possible side effects, warnings and cautions associated with this medication are listed below. This is not an all inclusive list but is representative of items of potential clinical significance to you. For more information on this medication, you may consult further with your physician or refer to a standard text such as the PDR or the United States Pharmacopoeia Dispensing Information (USPDI). As part of monitoring some of these potential side effects, your physician may order laboratory or other tests. The treatment team will closely monitor individuals who are unable to readily communicate side effects, in order to enhance care and treatment.

Continued – Possible side effects, warnings and cautions associated with this medication.
The most common side effects include dry mouth, drowsiness, tremor, dizziness, headaches, constipation, fatigue, nausea, can't sleep, gastrointestinal complaints, decreased blood pressure and male sexual dysfunction.

Less common side effects include abnormal vision, nervousness, weight increase, urinating disorder, inflammation of the throat, muscle spasm and pain, diarrhea, anorexia, inflammation of nose mucous membranes, menstruation pain, increased appetite, abdominal pain, memory impairment, anxiety, numbness, tingling.

Rare side effects include anxiety; breast enlargement in both males and females; hair loss; inappropriate secretion of milk-- in females; irritability; muscle tremor, red or brownish spots on skin; ringing, buzzing or other unexplained sounds in the ears; seizures; skin rash and itching; sore throat and fever; swelling of face and tongue; swelling of testicles; trouble with teeth or gums; weakness; yellow eyes or skin. All tricyclic antidepressant related compounds can cause bone marrow suppression.

Significant Risks: Seizure is the most significant risk and since depression is a commonly associated feature of Obsessive-Compulsive Disorder (OCD), the risk of suicide must be considered. Physician needs to discuss with patient the risk of taking the medication while engaging in activities in which sudden loss of consciousness could result in serious injury, e.g., swimming, driving, climbing, operation of machinery.

Notifications: 1. May impair mental and/or physical abilities and, since Anafranil is associated with seizures, be cautious about complex and hazardous tasks. 2. Anafranil may exaggerate responses to drugs such as alcohol, barbiturates and depressants. 3. Female client is to notify physician if she becomes pregnant, intends to become pregnant during therapy, or is breast feeding.

See PDR, USPDI or American Hospital Formulary Service for all-inclusive list of side effects.

By my signature below, I GIVE consent for the named medication on Page 1 and anticipated dosage range. My signature also indicates that I understand the following:

1. I can refuse to give consent or can withdraw my consent at any time with written notification to the institution director or designee. This will not affect my right to change my decision at a later date. If I withdraw consent after a medication is started, I realize that the medication may not be discontinued immediately. Rather it will be tapered as rapidly as medically safe and then discontinued so as to prevent an adverse medical consequence, such as seizures, due to rapid medication withdrawal.
2. Questions regarding this medication can be discussed with the Interdisciplinary Team, including the physician. The staff contact person can assist in making any necessary arrangements.
3. Questions regarding any behavior support plan or behavior intervention plan, which correspond with the use of the medication, can be directed to the client's social worker, case manager or psychologist.
4. I have the right to request a review at any time of my record, pursuant to ss. 51.30(4)(d) or 51.30(5)(b).
5. I have a legal right to file a complaint if I feel that client rights have been inappropriately restricted. The client's social worker, case manager or agency / facility client rights specialist may be contacted for assistance.
6. My consent permits the dose to be changed within the **anticipated dosage range** without signing another consent.
7. I understand the reasons for the use of the medication, its potential risks and benefits, other alternative treatment(s) and the probable consequences, which may occur if the proposed medication is not given.
8. This medication consent is for a period effective immediately and not to exceed fifteen (15) months from the date of my signature. The need for and continued use of this medication will be reviewed at least quarterly by the Interdisciplinary Team. The goal, on behalf of the client, will be to arrive at and maintain the client at the minimum effective dose.

SIGNATURES		**DATE SIGNED**
Client – If Presumed Competent to Consent / Parent of Minor / Guardian	Relationship to Client ☐ Self ☐ Parent ☐ Guardian	
Staff Present at Oral Discussion	Title	

Client / Parent of Minor / Guardian Comments